Executive Summary

In view of the ageing population and rising prevalence of chronic diseases in Hong Kong, strengthening primary healthcare (PHC) services is an effective and fundamental means of alleviating the pressure on hospital services and achieving universal health coverage. A resilient PHC system should provide comprehensive, holistic, coherent and multi-disciplinary care in the community, in the long run enhancing the public's ability in disease prevention and self-management of health.

2. The Bauhinia Foundation Research Centre (the Centre)'s study 'Healthcare for All: Why and How?', published in September 2019, evaluated Hong Kong's PHC services based on the six assessment principles (6-A), namely 'All-embracing care', 'Alliance and cross-sectoral collaboration', 'Quality Assurance', 'Accessibility', 'Awareness and empowerment', and 'Accountability' as the analytical framework. The study identified barriers to the development as well as factors for strengthening Hong Kong's PHC services.

3. The study concluded four pivotal factors for developing PHC services: (1) **effective collaboration** by medical and social sectors; (2) **quality PHC service team**; (3) **broad participation in Electronic Health Record Sharing System (eHRSS)**; and (4) **high level of self-health awareness**. However, each of these factors faced various challenges.

4. The Centre's another study entitled 'Enhancing Hong Kong primary healthcare with additional resources and expanded channels', published in April 2019, revealed that, in 2016/17, the proportion of PHC expenditure in Hong Kong (HKD 41.24 billion) in the annual total healthcare expenditure was 27.5%. Public PHC spending, while increasing in recent years, still accounted for less than 15% of the total public spending on healthcare. The latest statistics showed that in 2017/18, the proportion of PHC expenditure in Hong Kong (HKD 44.53 billion) in the annual total healthcare expenditure was 28.1% and public PHC spending was 14.9% of the total public spending on healthcare. Given the tremendous demand for healthcare services, there are concerns over what

measures in place for containing increased public spending on healthcare so that our future healthcare system will be sustainable and affordable.

5. By adopting the 6-A assessment principles and from the perspective of healthcare financing, this study examined the experiences in developing PHC services in seven selected places (**England, Australia, Singapore, Canada, the Netherlands, Israel and Mainland China**) and discussed how Hong Kong could make reference to their vision, policy directions and initiatives for mapping out a service model that suits Hong Kong society. These seven regions have taken forward healthcare reforms by enhancing their PHC systems through a number of innovative polices and measures. Their service quality is deemed to be good as reflected in international surveys. As the challenges that they face are similar to the situation in Hong Kong, i.e. an ageing population and the prevalence of chronic diseases, their experiences will serve as a good reference for Hong Kong.

6. Given that all these have different social contexts, it is not possible for Hong Kong to have an exact replication of policies in other regions. As policies are always formulated in accordance with the unique local situation, it is difficult to judge the level of people's health awareness or the adequacy of PHC coverage simply by comparing the number of policies in place or the extent of services provided. Thus, quoting differences and similarities of overseas service provisions to make a comparative analysis should always be cautious. The main research findings are in the ensuing paragraphs.

Australia, England and Singapore: Promoting PHC network for multipartite collaboration

7. The Primary Health Networks in Australia, Clinical Commissioning Groups in England and Primary Care Network in Singapore have provided very useful reference for Hong Kong. For example, in Australia and England, these platforms, by means of service commissioning, distinguish the roles of 'service provider' and 'service purchaser' for healthcare professionals. In terms of service provision, healthcare professionals are the key personnel. When it comes to service procurement, representatives from the regional government and the community as well as other PHC team members will play an important role in coordination, planning, formulation, financial budgeting, etc. This sort of PHC network would be seen as an effective means to facilitate different sectors to

collaborate closely and ensure that PHC services meet local needs.

8. In view of the setting up of District Health Centre (DHC) in 2019 which involved the interests of various parties including district councils, service providers and local residents, the Government can consider building a '**community health network**' to transfer the statutory power in budgeting, commissioning and procurement to a committee that comprises healthcare professionals, NGO representatives and residents, in a bid to draw on their collective wisdom and better integrate resources. Community health network will be structurally connected with the specialty and hospital services of the Hospital Authority, with the aim of achieving coherence in the system of healthcare services. In the long run, ensuring adequate services to be delivered within a reasonable waiting time in the community is the key to changing health-seeking behaviours of the public.

England: Independent quality control agency

9. In England, the Care Quality Commission as an independent regulator is responsible for formulating statutory procedures on PHC services, administrative and management arrangements as well as the system of quality assessment. Given that the private sector takes up a prominent share in Hong Kong's market for PHC services, and the DHC will operate on a public-private collaboration model, it will be worthwhile to learn from England's experience and come up with a mechanism to regulate both public and private PHC services. With the set-up of DHC in all 18 districts progressively, the Government is urged to enhance the functions of Primary Healthcare Office and further establish a statutory **PHC Authority**, which will facilitate independent stewardship of PHC services provided by different institutions.

Australia and Canada: Performance-based financial incentives and shortened training time for Family Medicine

10. The specialty training of Family Medicine in Canada and the incentive programmes in General Practice in Australia are successful policies in **healthcare manpower planning**. In Canada, a sufficient number of family doctors is produced and many medical students are willing to practise in the specialty of Family Medicine. One of the reasons is that the postgraduate level of residency

in Family Medicine takes only two years, shorter than the five or six years of other specialties. On the other hand, the incentive programmes in Australia encourage general practitioners to work with their local Primary Health Networks and provide clinical data on health risks contributing to chronic diseases. If they meet these requirements stipulated by the Australian Government, general practitioners will receive an additional incentive payment.

11. On the contrary, doctors do not find receiving training related to PHC or Family Medicine appealing due to a lack of incentives or resources in Hong Kong. The role of nurses working in the community is recognised and highly valued. However, it is difficult to attract them as the career ladder for nursing professionals is by and large hospital-oriented. The Centre urges the Government to provide, in the community, more induction courses and continuous learning activities related to PHC, as well as incentivise more doctors to receive **training in Family Medicine**.

12. In the long run, the number of doctors or nurses should not be the only indicator used for evaluating the scale of PHC services. Broadening the coverage of PHC services and enabling more healthcare professionals to assume responsibilities that are commensurate with their qualifications are the key to alleviating doctors' pressure. Registered nurse practitioners in Canada, for example, are given the prescribing authority under certain circumstances. Thus, empowering other healthcare professions is an effective way to consolidate and enlarge the pool of resources for PHC services.

Israel: Population-based electronic health records for health monitoring

13. Enhancing cross-sectoral collaboration and improving manpower training are part of the structural reforms. Widespread use of electronic health records (e-health records) helps bringing out the value of the healthcare system. All the four Health Maintenance Organisations providing medical services in Israel have a system of **e-health records** that shared with all family doctors. The Israeli Government is also committed to aggregating data on the system with health information from hospitals. The system documents almost every individual's health data that helps bring down costs of health monitoring. The data collected can be used in setting up relevant PHC measurement indicators. This real-time

database is also proved to be effective in improving the quality of service. With more auxiliary healthcare professionals provided, administrative workload and pressure can be well-managed, and the ethos of collaboration strengthened.

14. The level of participation in and the utilisation of eHRSS in Hong Kong have not been satisfactory by far. In the private sector, two-thirds of private clinics are not connected to eHRSS. This has led to, in essence, a disjuncture between public and private health records. The Centre recommends the Government to require both service providers and users in Public-Private Partnership initiatives to register for eHRSS. At the same time, full technical support to private clinics for connecting to and uploading information to the system should be provided. Healthcare professionals in the public and the private sectors should also share patients' records, subject to patients' consent, and access or update the records as appropriate.

Mainland China and the Netherlands: One family doctor for each person and health insurance as a preventive measure

15. It may be difficult to quantify the level of **health awareness** across countries and compare directly. However, some measures can be considered as reference indicators. In Mainland China, patients are encouraged to visit the same family doctor and build a stable, continuous relationship with them by signing a contract. The contract, apart from specifying the family doctor, designates the municipal or district hospitals to which the patients will be referred when in need of specialty services. On the other hand, in the Netherlands almost all residents had been insured before the Dutch Government launched the compulsory private insurance scheme in 2006. Additional voluntary health insurance was also commonly seen in the country.

16. In Hong Kong, there are usually numerous private clinics in a community. To cope with the fast pace of urban life today, it is not surprising that proximity and convenience of services will be top priority while seeking medical consultation, and that people often overlook the advantage of continuity of care provided by the same family doctor. As for health insurance, the discussion on this issue in the past decades revealed that Hong Kong people had not reached a consensus on the idea of making mandatory insurance contributions to dedicated healthcare services. The attitude and health seeking behaviour

can only be changed via education. For example, the Government may step up publicity efforts to proactively connect people via the '**Mobile Health Truck**' and provide health assessment, consultation and promotion, which will gradually raise health awareness and bridge the community with PHC services. In the long run, the Government should promote healthy lifestyles and the concept of family doctor, as well as set the long-term goal of 'one family doctor for one person' while evaluating the quality of service provided. The PHC team should also be enabled to serve as the gateway for guiding people to seek appropriate PHC services they need.

England, the Netherlands and Singapore: Flexible financial arrangement for sustainable healthcare services

17. The Hong Kong Government is committed to providing comprehensive, affordable and quality healthcare services to the public. However, the healthcare system has long been reliant on the public sector, leading to long waiting time for services and continual increase in budget allocation to meet the healthcare service demand. From the experiences in England, National Health Service providing a wide range of services and funded mainly by tax revenues has resulted in huge financial deficit. On the contrary, the Dutch Government utilises mandatory private health insurance to relieve the pressure on public healthcare spending, on the condition that a certain out-of-pocket payment is needed in order to be protected by healthcare insurance.

18. Any single funding source has its drawbacks. The responsibilities for building a sustainable healthcare system should be shared among the Government, every individual and the community. The mixed model of 'three pillars' in Singapore highlights the concept of collective responsibility. Its medical savings scheme under the Central Provident Fund requires both employers and employees to make mandatory contributions to the healthcare savings account, and the balance of which can cover dependents' healthcare expenses. The Singaporean Government also provides tax incentives for those who make voluntary contributions. These relatively flexible arrangements have broadened the source of financing and instilled among Singaporeans the idea of taking responsibility for one's own health.

19. Experiences from other places show that among the choices of healthcare financing, it is important to have one that is able to strike a balance between the interests of stakeholders, and could build a consensus on the policy design and implementation that are in line with local situation. Despite years of discussions over healthcare reforms in Hong Kong, the launch of the voluntary health insurance scheme is seen as one of the most important steps moving forward. Good health is precious, which is also driven by the lifestyle one chooses. The Government should press on promoting the concept of health as a shared responsibility by advocating proactive health education, using market-based financial incentives as policy instrument to motivate people to invest for health, such as adopting preventive measures against diseases, managing their own health and engaging themselves in more healthcare decisions.

20. Health is the root of happiness and the essential component for sustainable social development. Universal health coverage is the ultimate goal in the recent global effort on improving PHC systems. Everyone is equally entitled to the right to be healthy regardless of gender, race, financial conditions or any other socio-economic characteristics. With the sustained implementation of the 18 DHCs in Hong Kong, the basic healthcare facilities for PHC system will be well in place. The Government should further foster health promotion to improve health literacy among members of the public and strengthen cross-sectoral collaboration, so as to integrate quality PHC services in the community, and consequently relieve the burden of the overall healthcare system. When PHC has been gaining not only acceptance but also recognition by everyone, universal health will become achievable.